| PATENT APPLICATION FEE DETERMINATION RECORD Applica of Ded | | | | | | | | | | | control number. |
|--|---|---|--------------|--|------------------|----|-------------------|------------------------|------------|----------------------------|------------------------|
| Substitute for Form PTO-875 | | | | | | | | 10/782768 | | | |
| L | CLAIIAS AS FILED - PART I (Column 1) (Column 2) | | | | | | SHALL ENTITY | | On | OTHER THAN SHALL ENTITY | |
| <u></u> | FOR | Hickory | HANAGER FLEO | | NULIDER EXTRA | | RATE | FEE | | RATE | " |
| C | VSIC FEE 7 CFR 1.16(a)) | | | | | | | 1 | OR | 151,16 | FEE |
| | OTAL CLAIKS: 7 CFR 1.16(c) | | minus 20 « | | | | X (: | | 1 | <u></u> | <u>'</u> |
| | DEPENDENT CLAI I CFR 1.16(b)) | MS | a C punim | | | | X 1_ : | - | OR | ×1 | |
| М | MULTIPLE DEPENDENT CLAMPRESENT (37 OFR 1.16(4)) | | | | | | | - | OR | X1 | |
| "If the difference in column 1 is less than zero, enter "V" in column 2. | | | | | | j | | | OR | 11 | |
| | | | | 1014 | L | On | TOTAL | L | | | |
| | <u> </u> | CLAIMS AS AMENDED - PART II | | | | | | | | | |
| _ | | (Column 1) | Т | (Column 2) | (Column 3) | | SHALL | אזוזא | OR | | R THAN ENTITY |
| ENT A | | REIMMING AFTER AMENOMENT | | MULGER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI. TIONAL FEE | . 6 | RATL | MONAY POOL |
| _ <u>δ</u> | Total | 6 | Minus | " 20 | | | K1 c | | OΩ | | FEE |
| VENO. | Us OLU FIRCOII | 2 | Minus | - 3 | • | | XI : | / | Off | X1 | / |
| ¥ | FIRST PRESENTATION OF MALIPLE DEPENDENT CAMA (D) OT 1.14(4) | | | | | | 1: | / | OR | ×1 | |
| • | 1 / | | | | | • | TOTAL ADOL FEE | · | OR | TOTAL | |
| <u>D</u> | <u> 20-05</u> | (Column 1) | | (Column 2) | (Column 3) | | iootice į | | Oit | ADOJ FEE | |
| EN18 | | CLAIMS RELVAIUIG . AFTER ALENDKENT | | INGHEST NUMBER PREVIOUSLY- PAID FOR | PRESEUT EXTRA | | RATE | ADOI. TIONAL FEE | | nut; | ADDI- TIONAL |
| Ω | total | 6 | Minus | | 2 | 1 | .,25. | | οα. | x,50. | FEE |
| Ϋ́ | CH CHE LINGER | 2 | l.Grays | 3 | £ . | | /00 . | | OR . | x 200 . | |
| AM | FIRST PRESCINATION OF MIL TIPLE DEPENDENT CLAN (3) OFR 1.16(6)) | | | | | Ī | +, . | | 08 | | |
| | | | | | | | | | Ou Ou | TOTAL ADD' FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | _ | | | | | |
| ENT C | | CLAIMS REMAINING ACTER AND COMMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI. T:0H4L FEE | | Qv.tE | ADDI. TIOHAL FEE |
| Š | Or Continues | | Linus | | ٠ | ſ | X 1 | | OR | ×1: | |
| AMENO | Of CIR 1,1600 | | Minus | ••• | - | Ī | X 1 : | | OR | x 1 = | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1,16(a)) | | | | | | 41 . | | Off | +1 | • |
| | | | | | | Ĺ | 101AL 7001 F6C | | 0.7 5.0 | MIOI | |
| | If the entry in cuts If the "Highest No | Military Provinces | D = 14 C-/ | かんりついく ぐりょうてん | | | | | U.s | 351 (004 | |
| "If the "Highest Number Previously Paid For Bt THIS SPACE is less than 20. "If the "Highest Number Previously Paid For Bt THIS SPACE is less than 20, enter "20" If the "Highest Number Previously Paid For Bt THIS SPACE is less than 3, enter "3". | | | | | | | | | | | |

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The "Highest Primitive Encounty Paid For [Total or Independent) is the Interest number bound in the appropriate tent in column 1.

This politicism of introducion is required by 37 CHI 1,15, The Information is required to obtain or retain a benefit of the column 1.

USP10 to process an application. Confidentiatily is powered by 35 U.S.C. 177 and 37 CFR 1,14. This collection is estimated to trice 12 minutes to complete, including pathering, menaring, and autimiting the complete deprication from to the USP10. The will vary depending upon the Individual case. Any comments on the amount of time you require to complete dust form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commonos, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SCHO FEES OR COMPLETED FORMS TO THIS ADDRESS. SCHO TO. Commits cloner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.